

## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

02/07/2011

Region 2

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER:

NJR000076810

INSTALLATION NAME:

AKZO NOBEL SURFACE CHEMISTRY LLC

INSTALLATION ADDRESS:

10 FINDERNE AVE BLDG 8 **BRIDGEWATER, NJ 08807** 

MAILING ADDRESS:

10 FINDERNE AVE SUITE A **BRIDGEWATER, NJ 08807** 

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2 RCRA Programs Branch** 290 Broadway, 22nd Floor New York, NY 10007-1866

ATTN: RCRA NOTIFICATIONS

Tel: (212) 637-4106 Fax: (212) 637-4437

TO: AKZO NOBEL SURFACE CHEMISTRY LLC

or Current Occupant

ATTN: JENNIFER HERGERT

> 10 FINDERNE AVE SUITE A BRIDGEWATER, NJ, 08807





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SEND COMPLETED FORM TO: The Appropriate State or Regional Office.	United States Environmental Protection Ager RCRA SUBTITLE C SITE IDENTIFICATION F					
1. Reason for Submittal	Reason for Submittal:  To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)					
MARK ALL BOX(ES) THAT APPLY	<ul> <li>☐ To provide a Subsequent Notification (to update site identification inform</li> <li>☐ As a component of a First RCRA Hazardous Waste Part A Permit Applic</li> <li>☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Applic</li> </ul>	ation				
	As a component of the Hazardous Waste Report (If marked, see sub-bul Site was a TSD facility and/or generator of ≥1,000 kg of hazardous waste spill cleanup in one or more month LQG regulations)	aste, >1 kg of acute hazardous waste, o				
2. Site EPA ID Number	EPA ID Number   N J R  0 0 0 7 6  8 1 0					
3. Site Name	Name: Akzo Nobel Surface Chemistry, LLC	7				
4. Site Location	Street Address: 10 Finderne Avenue, Building 8					
Information	City, Town, or Village: Bridgewater	County: Somerset				
	State: NJ Country: USA	Zip Code: 08807				
5. Site Land Ty	pe Private County District Federal Tribal D	Municipal State Other				
6. NAICS Code(s						
(at least 5-di	git B D					
7. Site Mailing	Street or P.O. Box: 10 Finderne Avenue, Suite A					
Address	City, Town, or Village: Bridgewater					
	State: NJ Country: USA	<b>Zip Code</b> : 08807				
8. Site Contact	First Name: Jennifer MI: Last: Hergert					
	First Name. Johnson IVII. Last. Horgon	LID MOSE M				
Person	Title: HR/HSE Manager					
rerson	Title: HR/HSE Manager					
Person	Title: HR/HSE Manager  Street or P.O. Box: 10 Finderne Avenue, Suite A					
rerson	Title: HR/HSE Manager  Street or P.O. Box: 10 Finderne Avenue, Suite A  City, Town or Village: Bridgewater	Zip Code: 08807				
rerson	Title: HR/HSE Manager  Street or P.O. Box: 10 Finderne Avenue, Suite A	Zip Code: 08807				
rerson	Title: HR/HSE Manager  Street or P.O. Box: 10 Finderne Avenue, Suite A  City, Town or Village: Bridgewater  State: NJ  Country: USA	Fax: 908-685-7079				
9. Legal Owner	Title: HR/HSE Manager  Street or P.O. Box: 10 Finderne Avenue, Suite A  City, Town or Village: Bridgewater  State: NJ					
	Title: HR/HSE Manager  Street or P.O. Box: 10 Finderne Avenue, Suite A  City, Town or Village: Bridgewater  State: NJ	Fax: 908-685-7079 Date Became 07/06/2010				
9. Legal Owner and Operato	Title: HR/HSE Manager  Street or P.O. Box: 10 Finderne Avenue, Suite A  City, Town or Village: Bridgewater  State: NJ  Country: USA  Email: jennifer.hergert@akzonobel.com  Phone: 908-203-2923  A. Name of Site's Legal Owner: Denver Road, LLC	Fax: 908-685-7079  Date Became 07/06/2010  Owner:				
9. Legal Owner and Operato	Title: HR/HSE Manager  Street or P.O. Box: 10 Finderne Avenue, Suite A  City, Town or Village: Bridgewater  State: NJ	Fax: 908-685-7079  Date Became 07/06/2010  Owner:				
9. Legal Owner and Operato	Title: HR/HSE Manager  Street or P.O. Box: 10 Finderne Avenue, Suite A  City, Town or Village: Bridgewater  State: NJ	Fax: 908-685-7079  Date Became 07/06/2010  Owner: Other  Phone: 732-364-9704  Zip Code: 08701				
9. Legal Owner and Operato	Title: HR/HSE Manager  Street or P.O. Box: 10 Finderne Avenue, Suite A  City, Town or Village: Bridgewater  State: NJ  Country: USA  Email: jennifer.hergert@akzonobel.com  Phone: 908-203-2923  A. Name of Site's Legal Owner: Denver Road, LLC  Owner Type: Private County District Federal Tribal  Street or P.O. Box: 40 Airport Road  City, Town, or Village: Lakewood	Fax: 908-685-7079  Date Became 07/06/2010  Owner: Other  Phone: 732-364-9704				
9. Legal Owner and Operato	Title: HR/HSE Manager  Street or P.O. Box: 10 Finderne Avenue, Suite A  City, Town or Village: Bridgewater  State: NJ	Fax: 908-685-7079  Date Became 07/06/2010  Owner:  Municipal State Other  Phone: 732-364-9704  Zip Code: 08701  Date Became 01/01/2009				
9. Legal Owner and Operato of the Site	Title: HR/HSE Manager  Street or P.O. Box: 10 Finderne Avenue, Suite A  City, Town or Village: Bridgewater  State: NJ	Fax: 908-685-7079  Date Became 07/06/2010  Owner:  Municipal State Other  Phone: 732-364-9704  Zip Code: 08701  Date Became 01/01/2009  Operator:  Municipal State Other				
9. Legal Owner and Operato of the Site	Title: HR/HSE Manager  Street or P.O. Box: 10 Finderne Avenue, Suite A  City, Town or Village: Bridgewater  State: NJ	Fax: 908-685-7079  Date Became 07/06/2010  Owner:  Municipal State Other  Phone: 732-364-9704  Zip Code: 08701  Date Became 01/01/2009  Operator:  Municipal State Other				

EPA ID Num	nber				OMB#: 2050-0024; Expires 11/30/2011
10. Type of Mark "Y	Regulated Wast es" or "No" for	e Activity (at your site) all <u>current</u> activities (as of the	date submitting the	form); comp	olete any additional boxes as instructed.
A. Hazardo	us Waste Activi	ties; Complete all parts 1-7.			
Y N N X	1. Generator If "Yes", m  □ a. LQG:  □ b. SQG: □ c. CESQG: □ d. Short-Te time every provide e. United S	of Hazardous Waste tark only one of the following Generates, in any calendar m (2,200 lbs./mo.) or more of ha Generates, in any calendar m accumulates at any time, mor lbs./mo) of acute hazardous of Generates, in any calendar m accumulates at any time, mor (220 lbs./mo) of acute hazard material.  100 to 1,000 kg/mo (220 – 2,3 acute hazardous waste.	activities.  short-term or one-seet). If "Yes", seetion.	Y	<ol> <li>Transporter of Hazardous Waste If "Yes", mark all that apply.</li> <li>a. Transporter</li> <li>b. Transfer Facility (at your site)</li> <li>Treater, Storer, or Disposer of Hazardous Waste Note: A hazardous waste permit is required for these activities.</li> <li>Recycler of Hazardous Waste</li> <li>Exempt Boiler and/or Industrial Furnace If "Yes", mark all that apply.</li> <li>a. Small Quantity On-site Burner Exemption</li> <li>b. Smelting, Melting, and Refining Furnace Exemption</li> <li>Underground Injection Control</li> </ol>
YLINE	f. Mixed V	vaste (nazardous and radioactive	e) Generator	Y N N	7. Receives Hazardous Waste from Off-site
B. Universa	1. Large G accumu regulati types o	es; Complete all parts 1-2. Quantity Handler of Universal \ullet 5,000 kg or more) [refer to ons to determine what is regulated funiversal waste managed at I that apply.	o your State lated]. Indicate		I Activities; Complete all parts 1-4.  1. Used Oil Transporter If "Yes", mark all that apply.   a. Transporter  b. Transfer Facility (at your site)
Y 🗖 N	d. Lamp e. Othe f. Othe g. Othe	cides ury containing equipment		Y 🗆 N 🗵	<ul> <li>2. Used Oil Processor and/or Re-refiner If "Yes", mark all that apply.</li> <li>a. Processor</li> <li>b. Re-refiner</li> <li>3. Off-Specification Used Oil Burner</li> <li>4. Used Oil Fuel Marketer If "Yes", mark all that apply.</li> <li>a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner</li> <li>b. Marketer Who First Claims the Used Oil Meets the Specifications</li> </ul>

EPA ID Number				OIVIE	3#: 2050-0024; EX	pires 11/30/2011
D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K						
	You <u>must</u> check with your State to determine if you are eligible to manage laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K					
<ul> <li>Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:         <ul> <li>a. College or University</li> <li>b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university</li> </ul> </li> </ul>						
				n agreement with a c		
2. Withdrawi	☐ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories					
11. Description	of Hazardous Waste	<u> </u>				
A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.						
D001	D002	D003	D035	F003	F005	
3. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.						

EPA ID Number		OMB#: 2050-0024; Expires 11/30/2011
12. Notification of Hazardous Secondary Mater	ial (HSM) Activity	
	42 that you will begin managing, are managing 31.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25) um to the Site Identification Form: Notification	)?
13. Comments		
14. Certification. I certify under penalty of law the accordance with a system designed to assure on my inquiry of the person or persons who mainformation submitted is, to the best of my known penalties for submitting false information, inclu Hazardous Waste Part A Permit Application, a	that qualified personnel properly gather and even anage the system, or those persons directly resulved wedge and belief, true, accurate, and complete ding the possibility of fines and imprisonment f	raluate the information submitted. Based sponsible for gathering the information, the e. I am aware that there are significant or knowing violations. For the RCRA
Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
( the	Rob Asselin, Divisional VP	20 TAN 2011